## **SEEC FORM 23**

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Self-Funded Candidate's Expenditure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2021

2023 OCT 30 AM II: 23

Do Not Mark, politics Space For Orthood Use Only

	COVER PAGE	Page 1 of 4			
1. CANDIDATE NAME					
5havlene	A. McEvoy	Suffix			
2. CANDIDATE ADDRESS		72.63			
200 Emmett Avenue	Derby	State CT Zip Code OC418			
3. ELECTION DATE 4. OFFICE SOU	GHT /	5. DISTRICT NUMBER			
(mm/dd/yyyy)  11/07 2D 23  May 5  6. TYPE OF REPORT (Check One Box)	, <b>~</b>	(if applicable)			
☐ January 10 ☐ 7th day preceding primary	☐ 45 days following May election ☐ Supple	mental Statement (Specify Type)			
	O P	rimary O Election			
☐ April 10 ☐ 30 days following primary ☐ 45 days following special election ☐ Amendment to (Specify Type of Report) ☐ July 10 ☐ 7th day preceding election					
☐ October 10					
7. PERIOD COVERED					
Beginnin	g Date Ending Date				
10-01-23	through 10-29-2	.3			
8. CERTIFICATION					
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Self-Funded Candidate's Expenditure Statement for the period covered is true, accurate and complete.					
Sharlene A. Mª Evoy	Sharlene A. McE.	voy 10/30/2023			
SIGNATURE OF CANDIDATE	PRINTED NAME OF CANDIDATE	J DATE (mm/dd/yyyy)			
	SUMMARY				
	COLUMN A This Period	COLUMN B Aggregate			
9. Expenditures Paid by Candidate (Section A - Page 2)	1,353.72	11,346.44			
10. Expenditures Incurred by Candidate This Period but Not Paid (Section B - Page 3)	N)A				
11. Total Outstanding Expenditures Incurred by Candidate still Unpaid (Section B - Page 3)	NIA				
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.  The state of the commission of the commission we have a state of the commission of t					

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION 55 Farmington Ave  $\cdot$  Hartford, Connecticut 06105

TV	PE OF REPORT		
NAME OF CANDIDATE		ecad:	ng election
Sharlene A. Ma Evoy	in am b.	00661	1
A. Expenses Paid by Candidate			nount
Name of Payce Engage Voters US	8	478.	· · · · · · · · · · · · · · · · · · ·
City			Zip Code
44 South Broadway Suite 100 White Plains			10401
Date of Payment  10-4-23  Purpose of Expenditure  10-4-23  Purpose of Expenditure  Description  Dog Poste ands			Is this expenditure coordinated with more than one candidate?
Name of Candidate (if applicable)  Office Sought			□Yes 🔀 No
		s	If yes, complete lection A. Addendum
			mount
Engage Voters US		243.	
			Zip Code
Street Address 44 South Broad way Suite 100 White Plains		NY	10601
Date of Payment Purpose of Expenditure Description Ball of pedia Setup & Manag	ement		Is this expenditure coordinated with more than one
loca de la			candidate?
Name of Candidate (if applicable)  Office Sought	•		If yes, complete
		,	Section A. Addendum
Name of Payee  France Co. Markets 115		1	.12
Engage Voters US		State	Zip Code
44 South Broadway Suite 100 White Plain	NS	NY	Is this expenditure
Date of Payment Purpose of Expenditure Description	•,		coordinated with more than one
low-s-wh	,		candidate? □Yes <b>X</b> No
Name of Candidate (if applicable)  Ornice Sought			If yes, complete
			Section A. Addendum
Name of Payee		19.5	Amount i
Engage Voters US		State	Zip Code
Street Address Swife Broadway Swife 100 White Pla	i a s	NY	10601
Purpose of Expenditure Description			Is this expenditure coordinated with
10-8-23 VEB Lebsite Hosting			more than one candidate?
Name of Candidate (if applicable)  Office Sought		1	□Yes No
			If yes, complete Section A. Addendum
SUBTOTAL Section A - This Pa	ge 8134	2.0,	5
		1 1	
TOTAL of additional Section A Pag	4	1. b	<u> </u>
TOTAL OF ALL EXPENSES PAID BY CANDIDA (Enter total on Line 9 of Cover	ATE (235	3.78	<b>L</b>

## Section A. ADDITIONAL PAGE 2 of 3

NAME OF CANDIDATE	TYPE OF REPORT		
Sharlene A. Mc Evoy	7th day pre	adin	euction
A. Expenses Paid by Candidate			
Name of Payee	en e	P	lmount
Engage Voters US	<u> </u>		6.55
HH South Broad way Suite 100 White Plain	NS	State NY	Zip Code
Date of Payment  10-10-23 Purpose of Expenditure  10-10-23 A-ATM Targeted Display Advard  Name of Candidate (if applicable)  Office Sought	Fising		Is this expenditure coordinated with more than one candidate?
Name of Candidate (if applicable)  Office Sought	T T		□Yes No
			If yes, complete Section A. Addendum
Engage Voters US	G	50 3	3.17
Short Address		State	Zip Code
44 South Broadway Suite 100 White Plai	NS	PΥ	10001
Date of Payment  10-13-23 A-OTH  Description  Description  Description  Description			Is this expenditure coordinated with more than one candidate?
Name of Candidate (if applicable)  Office Sought			□Yes 🕅 No
			If yes, complete Section A. Addendum
Name of Payee			Amount
Century Sign		340	32
Street Address City		State	Zip Code
2666 State Street Hamden		CT	04519
Date of Payment 10-17-23 Purpose of Expenditure A-SIGN Yard Signs			Is this expenditure coordinated with more than one
Name of Candidate (if applicable)  Office Sought			candidate? ☐ Yes M No
			If yes, complete Section A. Addendum
Name of Payee	8	175	Amount
Engage Voters US		State	Zip Code
44 South Broadway Suite 100 White Pla	ins MX	NY	1060]
Date of Payment Purpose of Expenditure Purpos	4		Is this expenditure coordinated with more than one
Name of Candidate (if applicable)  Office Sought			candidate? ☐ Yes <b>\r</b> No
			If yes, complete Section A. Addendum
SUBTOTAL Section A - This B	Page 4,60	1. 35	
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## Section A. ADDITIONAL PAGE 3 of 9

NAME OF CANDIDATE		TYPE OF REPORT		
Sharlene A McEvoy		th day precu	ding election	
THE REPORT OF THE PROPERTY OF	s Paid by Candidate	es kalent president ausst aus statument personal de statut et vorm de Produit un daten de Produit anstalle st	nosata ettiliti lataetinainen ontorialisten sainnihen austra on anti 1470 v. zelnihesta et 4	
Valley Diner Restaurant		8	50.00	
Street Address	City	State		
L36 New Haven Avenue	Derby	<u>l</u> c	J 66418 Is this expenditure	
Date of Payment Purpose of Expenditure Purpose of Expenditure Refruhments at Meet the Candidate				
Name of Candidate (if applicable) Office Sought If yes, complete Section A. Addendum				
Name of Payer Valley Diner Restaurant		8	Amount 20.00	
Street Address	Derby	State		
Date of Payment  10-28-23 Food Refuschine	to at Meet to	re Candidel	Is this expenditure coordinated with more than one candidate?	
Name of Candidate (if applicable)	Office Sought		Yes No If yes, complete Section A. Addendum	
			Amount 40.32	
Street Address 2422 State Street	Hannden .	State	1 1 1	
Date of Payment Purpose of Expenditure A SIGN Page 4 Sign Page 100 A Sign Page	\$		Is this expenditure coordinated with more than one candidate?	
Name of Candidate (if applicable)	Office Sought		Yes No If yes, complete Section A. Addendum	
Name of Payce		\$4	Amount Ho.32	
Street Address	City	State	e Zip Code	
Date of Payment Purpose of Expenditure Description		en kanna anna ann an t-aire ann ann an t-aire an t-aire ann ann an t-aire ann ann an t-aire ann ann ann an t-a	Is this expenditure coordinated with more than one candidate?	
Name of Candidate (if applicable)	Office Sought		□Yes □ No  If yes, complete  Section A. Addendum	
SUBTOTAL Section A - This Page 3410.32				
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